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## \*BIBDATASHEET\*

CONFIRMATION NO. 2979

Bib Data Sheet

|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>09/420,565 | FILING DATE<br>10/19/1999<br><br>RULE | CLASS<br>370 | GROUP ART UNIT<br>2664 | ATTORNEY<br>DOCKET NO.<br>113605 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

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\*\* CONTINUING DATA \*\*\*\*\* YES CH  
 This appln claims benefit of 60/113,497 12/22/1998  
 and claims benefit of 60/104,756 10/19/1998

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NO CH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/10/1999

|  |  |                           |                        |                       |                            |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>CH<br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>9 | TOTAL<br>CLAIMS<br>39 | INDEPENDENT<br>CLAIMS<br>2 |
|--|--|---------------------------|------------------------|-----------------------|----------------------------|

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| <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing ) |
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| <b>FILING FEE</b><br><br><b>RECEIVED</b><br>1102 | <b>FEES:</b> Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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